

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



June 12, 1991

Letter No.: 91-56

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: QUALIFIED DISABLED WORKING INDIVIDUALS (QDWIs) E MAIL SCREEN

REFERENCE: ACWDL 90-101

The purpose of this letter is to announce there is a new county form on the Electronic Mail Communication (EMC2) system for Qualified Disabled Working Individuals (QDWIs). This EMC2 screen will operate in lieu of a new Medi-Cal Eligibility Data System (MEDS) aid code for adding or deleting identified beneficiaries from the QDWI program. The new EMC2 form will be used to notify the Medicare Buy-In Unit of QDWI eligibles.

Background

Section 6408(d) of the Omnibus Budget Reconciliation Act of 1989 requires that the State pay for Medicare Part A premiums for QDWIs who lost Title II and Medicare benefits due to earned income above the required Substantial Gainful Activity (SGA). Unlike the Qualified Medicare Beneficiary (QMB) program, States are not required to pay coinsurance, deductibles or the Part B premium.

Dual Eligibility

The Department of Health Services (DHS) will pay Medicare Part A premiums from State funds for Dually Eligible QDWIs (Individuals receiving Medi-Cal after meeting their share of cost or without a share of cost) thus allowing coverage of this group. While regular Medi-Cal eligibility is reported through MEDS for dual eligibles, QDWI eligibility will be reported through E mail.

Reporting Eligibility

Due to the small number of qualified QDWI eligibles, DHS will not identify QDWIs using Medi-Cal aid code 29 as stated in the ACWDL 90-101. MEDS will not be carrying QDWI records, nor issuing the QDWIs Medi-Cal cards. The QDWI beneficiaries will receive a Medicare card from Social Security Administration.

Counties may report QDWI eligibility, via the new EMC2 screen at any time. However, only those reported eligible by the 17th of a month will be accreted that month. The Medicare Buy-In Unit reports to HCFA by the 25th. Those reported after the 17th will be accreted the following month, with retroactive eligibility for the reported month.

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Counties will be able to grant three month retroactive benefits to eligible individuals according to ACWDL 90-101. QDWI eligibility effective dates cannot however, be prior to July 1990, when the program went into effect. The Medicare Buy-In Unit will notify the county EW, through E-Mail, when HCFA confirms an accretion/deletion. Counties may contact the Medicare Buy-In Unit regarding status on QDWIs or to correct or revise a QDWI record through E mail. Use the E-Mail address "Buy-In".

EMC2 Screen

Enclosed is a copy of the "E Mail for QDWI" screen and its instructions. To access the EMC2 screen for QDWIs sign on through MEDS, at the EMC2 User Menu, select option "D" or bulletin board. The QDWI form is located under option "Forms". The first screen to appear will be the "E-Mail for QDWI" screen. Complete all applicable fields. A second screen provides instructions for adding or deleting eligibles within the required fields. Counties are to use the EMC2, "E-Mail for QDWI" starting July 1, 1991.

If you have any questions about QDWI eligibility, please contact Marge Buzdas at (916) 324-4972. For questions regarding QDWI additions or deletions, please contact Ana Ramirez of the Medicare Buy-In Unit at (916) 739-3213.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

"E MAIL FOR QDWI"

- | | | |
|---|---------------------------------------|-----------------------------|
| 1) SSN ____-____-____ | 2) Birthdate ____-____-____ | 3) Sex ____ |
| 4) Last Name _____ | 5) First Name _____ | 6) MI ____ |
| 7) HIC Number ____-____-____ | 8) Eff. Date of Action ____-____-____ | |
| 9) Action (check one) ____ Add ____ Delete ____ Change ____ | | |
| 10) Date of death (if deceased) ____-____-____ | | |
| 11) County District ____ | 12) EW Number _____ | |
| 13) EW Name _____ | | 14) EW Phone (____) _____ |

Press PF8 to page down to instructions for completing this form.

NOTE: Additions or deletions to the QDWI program must be received by the Medicare Buy-In Unit between the 15th and 17th of the month, to be effective the first of the following month.

INSTRUCTIONS

- 1) Nine digit Social Security Number
- 2) Month/Date/Year
- 3) Female=2 Male=1
- 4) First 12 positions
- 5) First 7 positions
- 6) Middle initial
- 7) Health Insurance Claim number
- 8) Month/Date/Year
- 9) Place an X for add, delete or change
- 10) Month/Date/Year
- 11) County District Code (3-digit alpha/numeric)
- 12) Eligibility Worker's number (4-digit alpha/numeric)
- 13) Eligibility Worker's Name
- 14) Area Code, EW's phone number

Press PF4 to mail your request to Buy-In and yourself!!